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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/630,036
Filing Date	Aug 5, 2003
First Named Inventor	Kevin L. Mercuri
Art Unit	3764
Examiner Name	J.W. Donnelly
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	KEVIN L. MERCURI		
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Kevin L. Mercuri		
Name	KEVIN L. MERCURI	407-366-5506 (H)	
Date	AUGUST 5, 2007	Telephone	321-262-6363 (C)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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PTO/SB/82 (01-06)

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